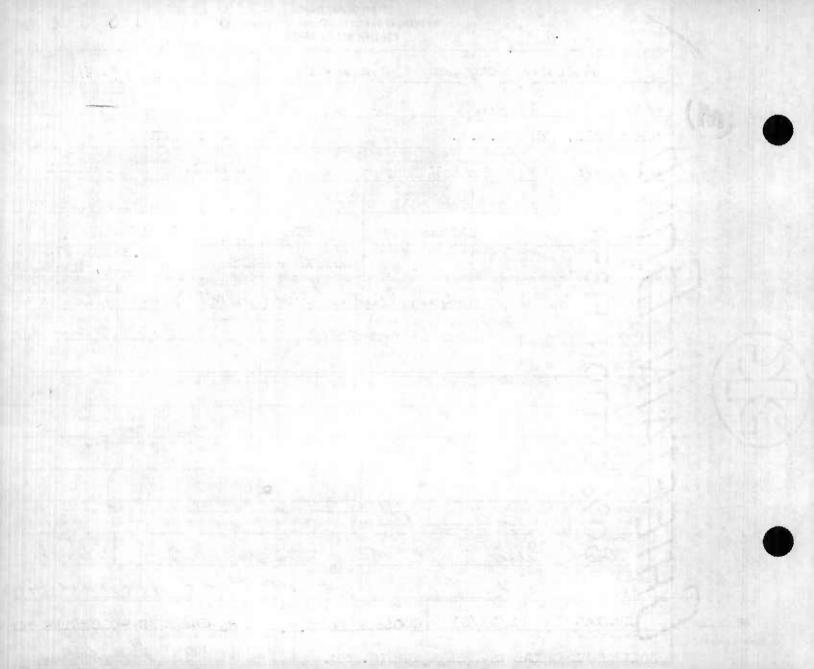
SALTS

JOLLEY MEMORIAL CHAPEL

PRESTON ST.,

DIVISION OF VITAL RECORDS,

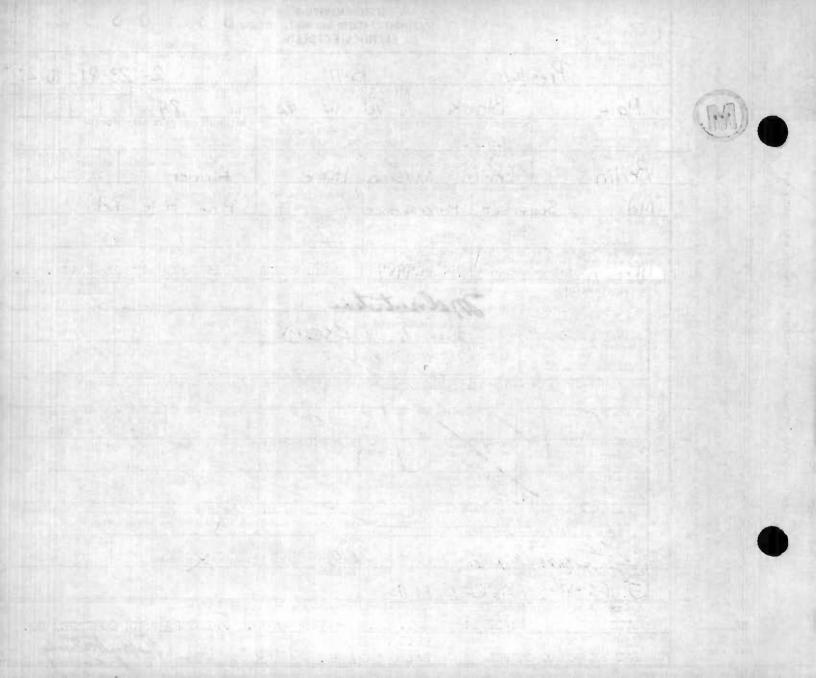
STATE OF MARYLAND



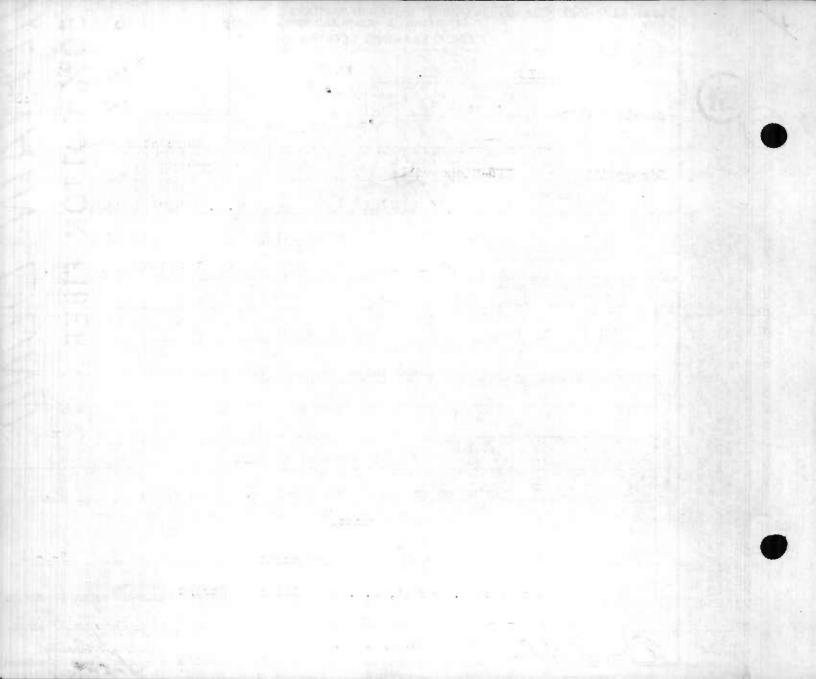
BP\_\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

1	1-	FOR - STATE REGISTRAR			DEPART		EALTH AND MENTAL HYD	GIENE D REG	NO.	6 0	2. 5
H	(TYPE	CEASED NAME EN	res to	on "	JAMES	1	Bell	20 DATE OF DEATH	2-	23-81	10:25M
)	3 SE	Male		Blac	2K	S. DATE C		6. AGE (IN YEARS LAST	89 YRS		HOURS MIN
35	M	RTHPLACE (STATE OR FOREIGH OUNTRY) IARYLAND	76.0	U.S.A		WIDOWE		9 BALTIMORE CITY WORCEST	ER		MD.
20		Berlin	/	NOT IN SUCH	FACILITY, GIVE STREET	Sino	Hone	126 USUAL OCCUP (TYPE OF WORK FOR MO)	ST OF WORKING		ED ED
BS	130. S	AL RESIDENCE (IF NURSING H STATE Md.	online one	rset	GIVE RESIDENCE BEFORE 13t CITY OR TOW Princess	N.	138 INSIDE CITY LIMITS?	13. STREET ADDRES	Pole	Rd.	
exognine 10	14. FA	ATHER'S NAME FIRST	MIDD	LE	BELL		15 MOTHER'S MAIDEN NA FIRST ELIZA	MIODE		GALE	
Z medicol		21/	S. ARMET	R OR DATES)	214-10-9	987	BERTHA LEE		OTH SI	TREET SAL	IS. MD.
vent, the		18 CAUSE OF DEATH (En	nter anly a	ne cause per l	maln	utri	tion			APPROXIA BETWEEN O	NSET AND DEATH
injury, ar ather traumatic	NO	Canditions, if any, which gave rise to immediate cause ial stating the underlying cause last  PART 2 OTHER SIGNIFICAN		(b)( DUE TO, OR	AS A CONSEQUE	ENCE OF	ASCUD	MINAL DISEASE OR CO	) NOITION	GIVEN IN PART 1(a	
shows only	CERTIFICATION	19a DATE OF OPERATION		196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CER	YES, WERE FINDIN TIFYING CAUSES YES [	
00		7 tg. ACCIDENT WAS UNDERLYED OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH	21b. TIME OF HOUR A.M P.M	M. MONTH D.	AY YEAR	216 HOW INJURY OCCUP	RRED (ENTER NATURE OF I	NJURY IN ITEM 1	8, PART I OR PART 2)	
rked or	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK		?1e PLACE C (AT HOME, STRE	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC.)	21f. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
If hem 21 is marked ar Item		220 I certify that (I) (this saw the deceased all abave, (I) (we) (did) (	ive on		19_	, or	nd that in (my) (aur) apinian	death accurred an th	adate and h		hat (I) (we) last auses stated
MPORTANT: If hem		22d. PHYSICIAN'S NAME	TYPE OR PRI	masses	k.	1.	ATTENDING PHYSICIAN 220 ADDRESS		TAFF 'SICIAN [	22c. DATE S	IGNED
S	23o. 6	BURIAL, CREMATION, REM	OVAL 2	ARRE	230, 19.	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	(	BURIAL		2/28/8	1 MT	. ZIO	N UNITED METH			VE SOMERS	
7		UNERAL DIRECTOR NAME  OLLEY MEMORIA	AL CH	APEL			SEY ROAD 1250 DA	R 2 1981	AR ZJB. R	A WAR	sody

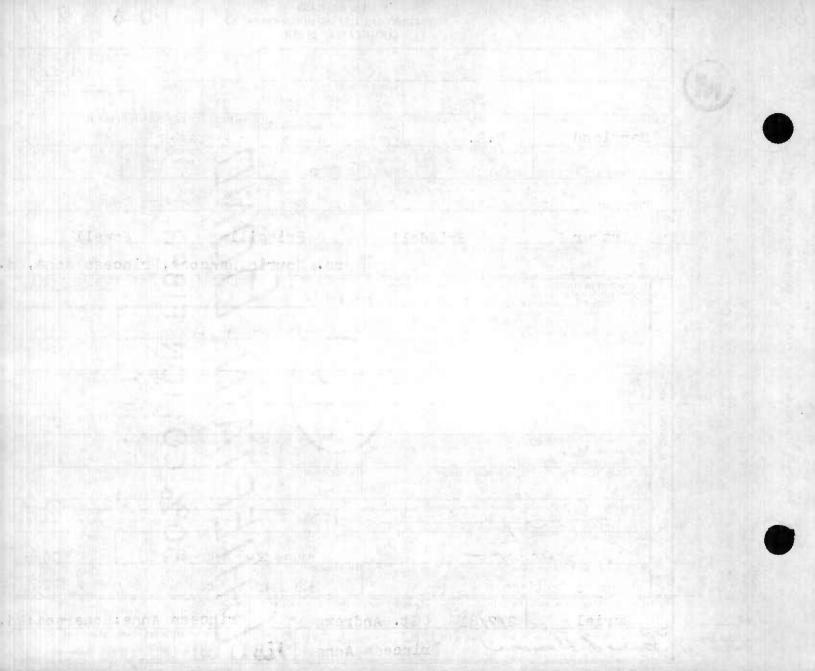
STATE OF MARYLAND



	Items #18a-22a Film G553 3/21/81 retate of Maryland  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE  1-STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06026
	I. DECEASED NAME FIRST MIDDLE LAST TO DECEASED NAME (TYPE OR PRINT)	REG. NO.  ATE KNOWN MONTH DAY YEAR 25 HOUR  OF ESTI-
	S. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 12.  MONTH 2 BY 1 OF 1 LAST BRINDAY MONTHS DAYS HOURS MIN. PROP	IOLINCED 0.20
	fomalo white	LTIMORE CITY OR COUNTY OF DEATH
35	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL C	Worcester County MD. CCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY EW I F E
35	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STREET A  137 ARYLAND  138. INSIDE (117 LIMITS? 130. STREET A  139. STREET A  130. INSIDE (117 LIMITS? 130. STREET A  130. NO   130. R.D.	DDRESS HAMMOND CORNER
30	11. FATHER'S NAME  CHARLES  MITCHELL  11. MOTHER'S MAIDEN NAME  FIRST  MINNIE	MITCHELL
MONOISI	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IFYES, GIVE WAR ORDAIES)  NO  166. SOCIAL SECURITY NO.  222-16-3149  EVELYN HALL,	ADDRESS
1 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	COLD EXPOSURE  Conditions, if any, which gove rise to immediate couse (o) stating the under-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	lying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
1	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOLER AM MONTH DAY YEAR 1216. HOW INJURY OCCURRED LENTER NATURE	20 AUTOPSY?  YES Q NO [
3		OF INJURY IN ITEM 18 PART 1 OR PART 2}
1201 PRI	A WHILE INOTWHILE IN 13 .	or town county state shopville Md.
MARKAND, 2		DATE 2591
AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARKIAND, 21201 PRIOR TO	EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell M.D. ADDRESS 111 Penn St	reet
		BORO, SUSSEX, DELAWARE
MH - 17 5 ME (5))	ADDRESRANKFORD, DEL. 250. DATE REC'D. BY REG	STRAR 256 REGISTRAR'S SIGNATURE



		FOR - STATE REGISTRAR		DEPARTMENT OF HI	OF MARYLAND M EALTH AND M ICATE OF DE	ENTAL HYG	ENE 8	0 6	0	27
		DECEASED NAME FIRST	WIDDLE		NST	V 111 1	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
og A	1	Marga	ret L	Bı	riddell			02 04	81	9:55p M
9	3	SEX	4. RACE	5. DATE O	F BIRTH	YEAR	6 AGE (IN YEARS LAST BI	RTHDAY) IF U	INDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
Poge 4		Female	Caucasian	12	11	1 909	71	YRS		
	2/	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	NEVER MA	ARRIED X	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
deoth.	77	Maryland	U.S.	WIDOWE	hand .	ORCED 🗋	Worcest			MD.
o offer	70	Pocomoke City		AL, NURSING HOME O , GIVE STREET ADDRESS! Hall Nursi:			120 USUAL OCCUPAT (TYPE OF WORK FOR MOST		126. KIND O INDUSTRY	F BUSINESS OR
212 din	1	SUAL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION GIVE RESI	Y OR TOWN	13d INSIDE CIT		13e STREET ADDRESS			To be the second
MARYLAND 2120 ed within 24 hours mpletely filled in the ond 2 should be fill examiner must be maden.	35			ncess Anne		NO []	228 Becl	cford Av	enue	
MARY ted with omplete ond 2		FIRST	WIDDLE	LAST		IRST	MIDDLE	D.	LAS	
		Arthur  o. WAS DECEASED EVER IN U.S. A		iddell CIAL SECURITY NO.	17 INFORMAN	Prisc	ADDR		owell	
BALTIMORE, ofe be execut systian and co spers. Pages 1 val.	2		GIVE WAR OR DATES)	4-26-6747			s Hancocl	k, Princ		Anne, Md
RDS, 201 W. PRESTON ST., BL squires that the death certifical riggred by the attending physical plan please remove carbonapa to burial, cremation, or remova injury, or other traumatic event,		Canditions, if any, which gove rise to immediate couse (0), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	ATE CAUSE (0) <u>CEPE</u> DUE TO, OR AS A C  (b) <u>Arte</u> DUE TO, OR AS A C	CONSEQUENCE OF rio Sclerot  CONSEQUENCE OF	cic Card	diovaso			IN PART 1(c	51
NL RECOIL  he low re  on.  hos been  r permit.  ene prior  ows any	9	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FO	OR WHICH OPERATION	WAS PERFOR	RMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law require of the order of the conficult of the configuration of the order order of the o			EATH HOUR A.M. MO	ONTH DAY YEAR	21c. HOW INJU	URY OCCURR	ED (ENTER NATURE OF INJE	RY IN ITEM 18 PART	OR PART 2)	
DING PHYS DING PHYS or ortendin After this ce os the bu		THE EITHER, NOTHY MEDICAL EXAMIN  214. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	218 PLACE OF INJU	ORY, OFFICE FARM, ETC.)	211 LOCATION STREET	N	CITY OR TO	ЭWN	COUNTY	STATE
TTENDIN pital or TOR: Af for use of of Health		220.1 certify the (I) this has	pital) attended the deceo February 4 not) view the body after de	sed fram Novemb		, 19 <u>/9</u> our) opinion d	, to <u>Februa</u> leath occurred on the c			that (II) we) last causes stated
ned by the hosy ned by the hosy FUNERAL DIREC Jid be detached ithe State Dept.		226. SIGNATURE	t			TENDING HYSICIAN	MEDICAL STA		Februarie Februarie	uary 4,81
TO HOSPITA TO FUNERA Should be de with the Stot	1	Jesus G. San					eet, Pocomo	ke City	, Md.	21851
7 5 5 4 3 ₹	2	BURIAL, CREMATION, REMOVA		23¢ NAME OF CE	METERY OR CE	REMATORY	23d. LOCATION		OUNTY	STATE
BP		Burial	2/7/81	St. An	drews,		Princes	s Anne	Some	rset;Md
DHMH-16 30M 2/80 (VRA 15, 4)	2	FUNERAL DIRECTOR AS IN	inexe	Princess	Anne	250. DATE	REC'D. BY REGISTRAL 3 1 1 1981	25b. REGISTRAF	R'S SIGNAT	



.1	/-1		STATE OF MARYLAND	2 0
W.	-01		DEPARTMENT OF HEALTH AND MENTAL HYGINE U O	. 0
7	FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
	HEALTH DEPT.	1.1		Top HOUR
	PM3.		DECEASED-NAME (Type or Print)  MATTHEW JOSEPH  CREMEN  20. DATE KNOWN Month Doy Yeor OF ESTI- DEATH MATED 2 20 195	91 935
	Pages arm PM irtment	3. 9	SEX. 4. RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   2c DATE PRONOUNCED DEAD	2d HOUR
	b 4	0	Male Caucasian 12/14/1900 80 yrs. MONTHS DAYS HOURS MIN. Month 7 Day 20 Year 198	7 11 PM
	100 3		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WORLD DIVORCED 9.	
	orth Sir	10	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF B	Md.
	Office of the state of the stat	10.	A/ are street oddress) 10 Cf D a 2 And during most of working life, even if retired \ INDUSTRY	OSHIESS OK
	Md.	130	o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d institution: Residence before 13c. CITY OR TOWN 13d institution: 13e. STREET AND NUMBER	
	within per s		odmission) STATE Na 13b. COUNTY Worcester Newark YES X NO [	
	W. William	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle L	ost
	Exored	1	James Carter Cremen Catherine V. O'Ne	://
	BAIL exect pendidical dical within			
		(	(Yes, no, or unknown) (If yes give war or dates of service) 216-32-9555 Elizabeth D. Cyemen P.O. Box 94, Newark,	MI
			18. CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c)).  APPROVING	ATE INTERVAL
	hauld he wa Chief mit. I		PART L DEATH WAS CAUSED BY:	SCI AND DEATH
	7 10 +		4 0 0 IMMEDIATE CAUSE (a) CHOCKE INSPECTION AND AND AND AND AND AND AND AND AND AN	
	PRESTON ifficate si writing to the tarthe ansit per and in control of the control		Conditions, if any, which gave ) DUS TO, OR AS A CONSEQUENCE OF	
	> 0		rise to immediate cause (a). (b)	
	W. PRESS is certificate icate, writing arded to to ial-transit naval, and		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	301 W. This certificate, forwarded burial-transmooth		(t)	-
	2 0 0		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
		NOL	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOF	DCV2
	EXAMI EXAMI execute shauld used used	CERTIFICATION	WAS PERFORMED?	
	S S S S S S S S S S S S S S S S S S S	ERTI	YES 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 18.)	□ NO 🔀
	VITAL EDICAL lease 3e 4 s.s. d be			
	MEDICA MEDICA Poge 4 files auld b buriat	MEDICAL	CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home form street 21f IOCATION Street or R.F.D. No. City or Town County	
	5 - 1 - 4 D	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County	Stote
	VISION (DEPUTY) DECESSOR DECESSOR director. for your age 3 sl		AT WORK L. AT WORK L.	
	- 6:- 0 0 4		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in	my apinian
	TO T		death resulted fram: Natural auses Accident Suicide Hamicide Undetermined manner	
	delay i funeral funeral cror: Hygier		CHIEF MEDICAL EXAMINER	
	any delay the funera be retained <b>DIRECTOR</b> : ental Hygie		SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED	1.
	If any the to the re be re Mental		DEPLITY MEDICAL EVANIMED TO 2-12-11	8/
	3 to may	rest t	EXAMINER'S NAME (Type) THOMAS A- JONES, M.O. ADDRESS (Street, city, town, or county)	
	0 Z	230	10 BURIAL (REMATION. 23b. DATE . 23r. NAME OF (FMFTFRY OR CREMATORY	(Stote)
	after de 2, and Page 5	1	BUYIAN 2/24/81 Bowen Cemetery Newark Worcester	MI
			I. EUNERAL DIRECTOR  ADDRESS  1. FEVE D BY REGISTRAR  256. REGISTRAR'S SIGNATURE	1.14
	DHMH-17 1/71 10M (VR A15ME (5))	1	Anne Bubase Berlin Md. DATE BR Z 6 1481	19.0
	(*** *********************************	1	DETINITIES & DETINITIES	

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1 ~	/	STATE OF MARYLAND	^
X	1	DEPARTMENT OF HEALTH AND MENTAL HYGINE   0 6 0 2	9
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1.0	TOTAL PROPERTY AND THE	2b. HOUF
of 03.		Type or Print) = PFD T. PULLER OF ESTI-	10. HOUR
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		MALE WHITE UCT. 2, 1923 57 YRS.	וקון
A (1) (1) (1)		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
AL REAL PROPERTY.	cour	MARYLAND USA WIDOWED DIVORCED WORLESTER	N
21201 b b b b b b b b b b b b b b b b b b b	10. (	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSIN)	
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4 :	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	-1
s s s	0	dmission) STATE MD 13b. COUNTY WORCESTER BISHOPULLE YES IN NO IN RT 1 BOX 156	
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BALTIMORE xecuted will ending in cal fexomine oges on the company of the company	14. 1		
	1	WILLIAM CULLEN ELVA HALL	-
		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  ADDRESS	
EET, BA be exected 'pend' Medical ille page		(es, no, grunknown) (If yes give war or dates of service) 221-12-3196 SARAH CHILLEN, BISHOPUTILE, MO	
₩ D Q +		18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and a structure out to the cause of	
TON ST e shouling the w he Chie permit.		PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)	DEAIN
ne per		9100 DUE TO OR AS A CONSCIONANCE OF D. A. D. M. D.	
RES cat cat ritir o t o t o t		Conditions, if ony, which gove )	
W. PRES certifications, writing ded to to tall-trons it val, and		rise to immediate couse (o),  Stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	
301 W. E. This certificate, v forwarded a burial-tro		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
301 This ertifik forwo		(c)	
6 for a for		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
L EXAMINER: execute the ce should be for used as a	8		
EXAMINE EXAMINE RECORDS to the thould be used as a sed as	FICATION	196. CONDITION 197. CONDITION FOR WHICH OPERATION 20. AUTOPSY?  WAS PERFORMED?	
EXAM EXAM execut should used used		YES [	NO 🔀
A A o + o	CERT	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19	
	WE	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. (ity or Town County	Stote
200 200		WHILE NOT WHILE foctory, office building, etc.)	
DIVISION TO DEPUT is necesso I director I for your Poge 3 sine prior t			
DIVISION DE LA DECIS DECIS DECIS DECIS DECIS DECIS DECIS DE LA DECIS DECIS DE LA DECIS DECIS DE LA DECIS DELLA DECIS DELLA DELLA DELLA DECIS DE LA DECIS DELLA DEL		22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection 🔀, Inquiry 🔀, and in my	opinio
0 00 0		death resulted fram: Natural causes 💢 , Accident 🔲 , Suicide 🗍 , Homicide 🔲 , Undetermined manner 🗌	
deloy funer etoine TOR: Hygin		ACTUAL MONAGES CONTRACTOR OF THE PROPERTY OF T	
> = = = =		SIGNATURE	
= - 3/		EXAMINER'S DEPUTY MEDICAL EXAMINER 2/13/81	
BRAL	- Second	NAME (Type)  ADDRESS(Street, city, town, or county)	
2 _ 1 Z 0	230	BURIAL, CREMATION, 23b. DATE , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stot	e)
30 00		PEMOVAI (Specify)	10
	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b, REC'D BY REC	17
DHMH-17 1/71 10M (VR A15ME (5))		WATSON + WHALEY, SELBYUILLEDE DATE EB 18 1981	
(411 VIDIAL (21)		NOTION A WHATEA DECRANT TELL DAIL FOR	

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1 ~	STATE OF MARYLAND
	, DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 0 6 0 3 0
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	DECEASED-NAME First Middle Last 20 DATE KNOWN Month Day Year 125 HOLLD
es 1, PM3. nt af	(Type or Print) HOEL FENNER FOWLER DEATH MATED 2 20 18/ 23M
Pages nrm PM	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR
9 0	Male White 10/24/1909 71 YRS. MONTHS DAYS HOURS MIN Month 2 Doy 20 Year 198/ 3/5 M
e e e e e e e e e e e e e e e e e e e	G RIRTHPLACE (State or foreign 75 (1775) OF WHAT COUNTDY) O MADDIED TABLET MADDIED OF STATE
21201 hours I ltem 18. along the State	irginia USA WIDOWED DIVORCED WORCESTER
21201 hours n Item e alon	CITY OR TOWN OF DEATH 'II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120, USUAL OCCUPATION (Kind of work done   12b, KIND OF BUSINESS OR
-2 € €	Snow Hill  Nassawango Country Club during most of working life, even if refired.): INDUSTRY Retired Inspector State of M  36. USUAL RESIDENCE (Where deceased lived in institution: Residence before 13c. CITY OR TOWN  13d. INSIDE CITY LIMITS?  13e. STREET AND NUMBER
Md.	3a. USUAL RESIDENCE (Where deceased livery in institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
- E	odmission) STATE Maryland Wicomico Salisbury YES NO 105 Hall Drive
0 . F ~	A. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	George Fowler Rose (unknown)
BALTIM executed pending dical Exar page	50. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
F 0: 0 0	(Yes, no, or unknown) (If yes give wor or dates of service) (231-32-7746 Mrs. Marjory S. Fowler (wife) as 13
STREET, world be world be rief Me	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one list and the course per line for (o), (b), one list
ON STR shauld g the wa ne Chief permit. I	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
PRESTON ficate sh writing th ta the mosit peri	410 O DUE TO: OR AS A CONSCIONATION A A CONSCIONAT
Fical Fical	Conditions, if ony, which gove
301 W. PRESTO This certificate ertificate, writing arwarded to the burial-transit p	rise to immediate couse (a).  stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
wis calicate	last.
RECORDS, 301 W. PRESTON STREE  L EXAMINER: This certificate should be execute the certificate, writing the ward should be farwarded to the Chief M used as a burial-transit permit. File remation, ar remayal, and in any ever	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
he ce for a control of the control o	
L RECORDS, S. LEXAMINER: S execute the cashauld be fire a shauld be fire a second of the cashauld be fire a second of the cashauld be fire a second of the cashauld of the cas	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES NO  21b. TIME OF INJURY Month, Doy, Year  21c. HOW INJURY OCCURRED (Fater nature of injury in Part 1 or Part 2 Hern 18.)
EXA EXA Xecu hou hou	WAS PERFORMED?  YES □ NO ▼
CAL Se es e	
VITAL MEDICAL please age 4 les. uld be ourial,	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  ZId. INJURY OCCURRED ZIE PLACE OF INJURY (At home form street 21d LOCATION Street or R.E.D. No. City or Town County State
OF VII TY MEDI ary, plea ary, plea r. Page ur files. shauld ta buria	210 County Since of M. D. Ro. Cily of Town
	WHILE NOT WHILE AT WORK AT WORK AT WORK
DIVISION TO DEPU is necess il directa d far yau Page 3 Page 3	22a. I certify that I took charge of the remains described above, held on Autopsy, Inspection X, Inquiry X ond in my opinion
DIV Is is	deoth resulted from: Natural causes Accident,Suicide, Homicide, Undetermined monner
delay is tuneral a funeral a funeral a funeral a Hygiene	CHIEF MEDICAL EXAMINER
	ACTUAL CONTRACT OF THE CONTRAC
an the be enter	DEPUTY MEDICAL EVANIMED M. 2/21/8/
A P & P A	NAME (Type) THOMASK JONES. MID: ADDRESS(Street, city, town, or county)
ifter death. If 2, and 3 ta 0.0ge 5 may 10 FUNERAL dealth and M	30 BURIAL CREMATION 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23cd LOCATION (City or Town) (County) (September 1)
after de 2, and Page 5 <b>TO FU</b> Health	REMOVAL(Specify)  2/23/81 Springhill Mem. Gardens, Salisbury, Wic., Marylar
0447	4. FUNERAL DIRECTOR ADDRESS 2SQ. REC'D 8Y REGISTRAR 2Sb. REGGRAR'S SIGNATURE
OHMH-17 1/71 10M (VR A15ME (5))	HOLLOWAY FUNERAL HOME, Salisbury, Md. DAFEEB 20 1981
(	DATE TOTAL DOTAL DATES DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral diret should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed within 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows any

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

Q	6	0	3	1

1. DE (179E) 3. SE	F	ARIE		AST AST	REG. NO	ONTH DAY	YEAR 2	b HOUR
3. SE	X F	ARIE			20. DATE OF DEATH M	ONTH DAY	YEAR 2	P HOUR
3. SE	× =	4.0	(4)				- 1 I	TIOOK .
70. BI	F	IA PACE		ACHE		24	81	11 M
2 0	F	1 MACE	5 DATE C		6. AGE (IN YEARS LAST BIRTH			FUNDER 24 HRS
0			W MONTH	7 1891	89	YRS	THS DAYS	HOURS MIN
10 C	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF	DEATH	77/
10 C	France	11/1	WIDOWE	Later Committee	NUUR	1011	-12	_/ 7. MD.
	BERLIN		HOSPITAL, NURSING HOME OF CHEACILITY, GIVE STREET ADDRESS)	SING HOME	120 USUAL OCCUPATION OF WORK FOR MOST OF		126 KIND OF I	
USU.		ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)	134. INSIDE CITY LIMITS?	13e STREET ADDRESS			7-6-71
		aroline	Goldsboro	YES NO X	State R	+ 313		
14. FA	ATHER'S NAME		0020020	15 MOTHER'S MAIDEN NAM		0 010		
	FIRST	MIDDLE	LAST	FIRST	WIDDLE		LAST	
4			Payet	Mary Ann	ADDRES	6	?	
	WAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	5		
	no		215-18-4810	Mary Kible	er Hen	derso	n. Md.	
z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O  be completed by the completed	R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  PARTIES ASSETTING TO DEATH BUT	Harring of the service of the servic	INAL DISEASE OR COND	ITION GIVEN	IN PART 1(a)	
을		110, 60, 10	TION LOOP VALUE OF PATIO	NAME OF OF ORDER	20g AUTOPSY?	DOL IE VEC 14	ERE FINDING	CHEED
CERTIFICATION	190 DATE OF OPERATION	IVB. COND	ITION FOR WHICH OPERATION	N WAS PERFORMED	YES NOT		G CAUSES O	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C	DE DEATH HOUR A.	FINJURY M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCURR			I OR PART 2)	
MEDICAL	218 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	į	COUNTY	STATE
	22a-1 certify that (†) (this has aw the deceased alive above, (1) (we) (did) (did)	re an	19 or	nd that in (my) (our) apinion o	, ta deoth occurred on the da			ot (I) (we) lost uses stated
	22b. SIGNATU	no loss		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	: AN 🔲	22c. DATE SI	GNED
	174 PHYSICIANS NAME (	THE OR PRINT)		22e. ADDRESS				

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etoined by the hospital or ottending physicion.

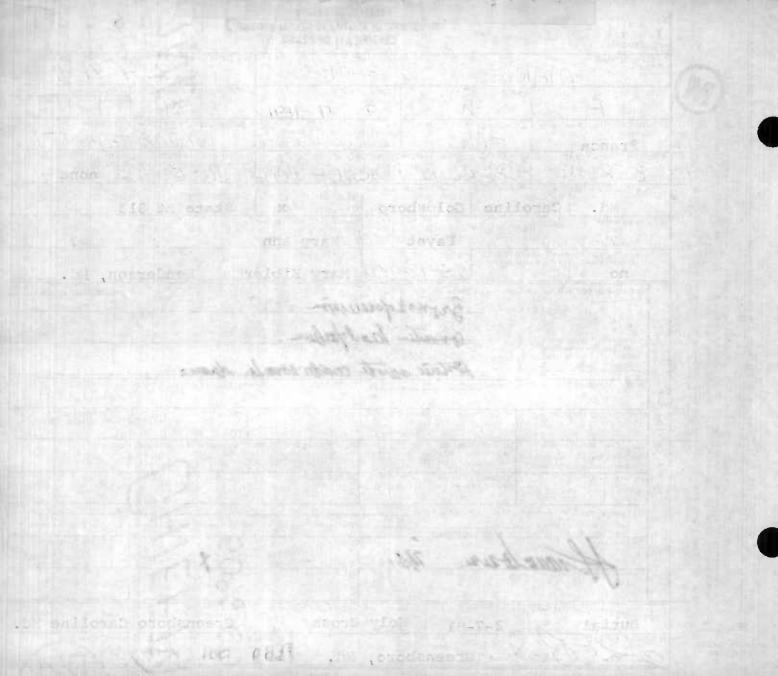
DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 2-7-81 Holy Cross

Greensboro Caroline Md.

Greensboro, Md.

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

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Y, PLEASE INECTOR. UR FILES. N STREET.	3. SE			DATE OF BIRTH	Annual Control	RTHDAY) MONTH			2c. DATE PRONOUNCED DEAD	MONTH 2	DAY YEAR 1919 81	N HOUR
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O THE FUED S. 201 W. S. 20	10. C	Pocomoke C			ITAL, NURSING HOLLITY, GIVE STREET ADDRESS	OME, OR OTHE		12a USU	AL OCCUPATION ( NOST OF WORKING LIFE)		126 KIND OF BU OR INDUST	JSINESS IRY
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RE, MD.	14. F.	ATHER'S NAME FIRST Latol	d	MIDDLE	Boone		15 MOTHER'S M	Theth	MIDDLE	Kea	Johi .	
BALTIMORE, MD S. AFTER DEATH. I GIVE PAGES 1, 2, IITH FORM PM 3, PAGES I AND 2 S IVISION OF VITAL	16a. \	VAS DECEASED EVER	IN U.S. ARMEI		224-70-		EUGEN 1	à for - 1	Oak. Hold	v.ll.	23416	
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AL RECORD  OULD BE EXI  PENDING  PENDING  IEF MEDICA  F HEALTH A  F HEALTH A	CERTIFICATION	PART 2 OTHER SIGNIFICAN	1244		ON FOR WHICH C						20 AUTOPSY	?
DIVISION OF VITAL RECORDS,  IIS CERTIFICATE SHOULD BE EXECT WRITING THE WORD "PENDING" ARDED TO THE CHIEF MEDICAL GE 3 SHOULD BE USED AS A BUR ATE DEPARTMENT OF HEALTH AND ZOI PRIOR TO BURIAL, CREWATIN	MEDICAL CERTII	21a EXTERNAL CAUS  UNDERLYING CONTRIBUTING CONTRIBUTING CURING COURT  21d INJURY OCCURING COURT	OR CAUSE OF DEA RED	21e PLACE O	2 19 19	81 St	ation	hot	LATURE OF INJURY IN ITEM			NO .
DIV TO MEDICAL EXAMINER: THIS CI EXECUTE THE CERTIFICATE. WRIT PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE3 AFTER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201		AT WORK AT W	Trook chorage	The remains descr	bed above, fresh c	Autaps	IIth St    X   Insp.   Hamicide     TITLE (SPECIF   Deputy	ectian , , Undete	Inquiry , ermined manner CAL EXAMINER	and in my ap  DATE SIGNE	2/2	- MD.
TO TO PAGE	23a.B	URIAL, CREMATION, R				CEMETERY OF	CREMATORY	Da	CATION CATION A	COWER	VITY / 1 S	TATE
DHMH-17 (VR A15 ME (5))	24 F	UNERAL DIRECTOR	Tom	percenc	suelle.	le 234	42 E	B 2 7 19	REGISTRAR 255 DE	GISTRAR'S S	GNATURE	

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Water manager in park and other Downley Dags Mines I For Mary Miles Cornertic West Tribus grandlyed billrenders Lewis cour Constitute of the Manual Land De Printer 40.29

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		STATE OF MARYLAND
FOR		DEPARTMENT OF HEALTH AND MENTAL HY
STATE REGISTRAR	•	. CERTIFICATE OF DEATH

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1				OF MAKILAND	-43 2	17 6	1.3	The form	
1	FOR STATE	DEPARTM		EALTH AND MENTAL HYGI	ENE Q I	UO	U	0 3	
1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO				
DEC	EASED NAME FIRST	WIGOLE	L	AST	20. DATE OF DEATH M		YEAR	26 HOUR	
TYPE C	ROLL:	IE C.	MUR	RAY	2-11-			5:20P M	
SEX		4. RACE	5 DATE O		6. AGE (IN YEARS LAST BIRTH		DER 1 YEAR	IF UNDER 24 HRS	
	MALE	WHITE	12	- 17 -1895	85	YRS		HOURS MIN	
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	ELAWARE	AMERICA	WIDOWE	W	WORCESTER COUMTY ME				
10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPATIO			BUSINESSOR	
	ERLIN	BERLIN NURSI	NG H	OME	CREDIT MGI		MEAT	MRKT.	
13a. ST	ATE NI COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13C. CITY OR TOWN USSEX SELBYVI	V		RT.2, BOX	X 105			
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		JAMES JAMES		FIRST	MIDDLE	TEPHEN	S		
	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRES				
(YE	S, NO OR UNKNOWN] (IF YES, GIVE W. W	• WAR OR DATES] 109-03-	4304	ALMEDA THO	MPSON. SE	LBYVIL	LE.	DE	
	18 CAUSE OF DEATH (Enter on	nly one cause per line for (a), (b), and	lici.				APPROXIM BETWEEN O	NATE INTERVAL	
23	PART I, DEATH WAS CAUSE	ED BY: TE CAUSE (0) Pulyet	rare	, solue				-	
	4393		/			37.53	M-7		
	Total of	DUE TO, OR AS A CONSEQUE	NCE OF "						
	Conditions, if any, which gave rise to immediate	(b) 0 12.10 1/L	(P)						
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF			12-57			
	ondenying coose loss.	( (c)							
	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN	PART 110	)	
CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDIN	GS LISED	
FIC.	THE DRIE OF OFERATION	The Condition of Willer	O' LKAIIO	THO TEN ONNED		IN CERTIFYING		OF DEATH?	
E .					YES NOL	YES [		NO 🗌	
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LICHE A MA MONITH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 C	OR PART 2)		
N N	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19						
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		231 LOCATION STREET	CITY OR TOWN		YTAUC	STATE	
2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	SIRECT	CITY OR TOWN		JUNIT	SIAIE	
	22a. I certify that (I) (this haspi	ital) attended the deceased from_			, to	, 19	, t	hot (I) (we) lost	
	saw the deceased alive an above, (I) (we) (did) (did no	it) view the body ofter death.	. on	id that in (my) (our) opinion d	eath occurred on the do	e and hour and	from the c	auses stated	
	22b. SIGN	1		DEGREE			22c. DATE S	SIGNED	
	Atravi	Carren	7	ATTENDING PHYSICIAN	MEDICAL STAF	AND			
	22 BATSICIAN S NAME (TYME O	A MAIL		22e. ADDRESS	J. D. M. C. T. T. T. S. C. T.				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral distributed for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within 72 lips with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or them 18 shaws any retained by the haspital ar attending physicia TO HOSPITAL BP. DHMH - 16 50M 7/77 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL 23b. DATE 2/14/81 BURIAL

230 NAME OF CEMETERY OR CREMATORY REDMEN'S

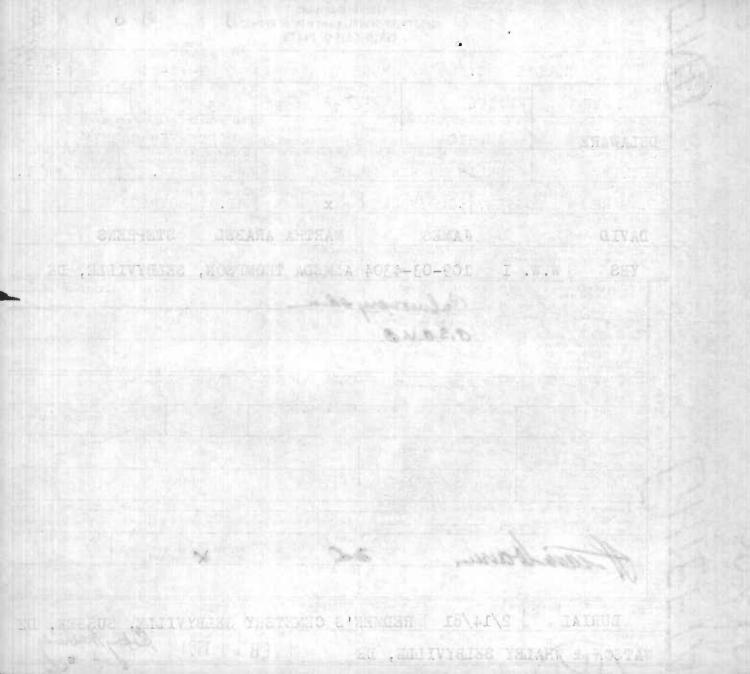
23d. LOCATION

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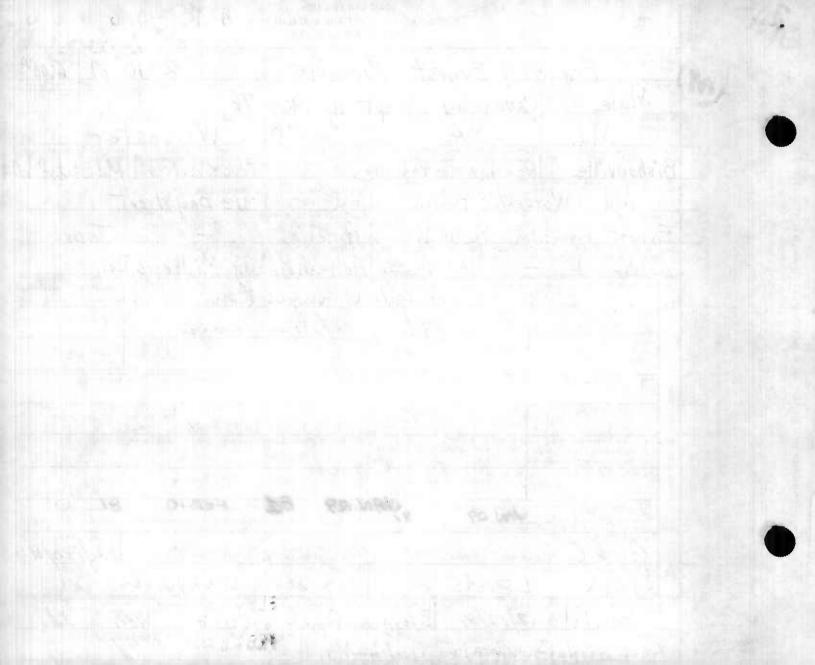
24 FUNERAL DIRECTOR
NAME
WATSON & WHALEY SELBYVILLE,

CEMETERY SELBYVILLE
250. DATE REC'D. BY REGISTRAR 256. RE
FEB 1 8 1981

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	1	FOR		DEDART	STATE OF MARYLA		- Q I	n	6 0	2 5
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icat sicis ers. val.	F	18 CAUSE OF DEATH (Enter of	nly ane caus	e per line far (a), (b), an	dicto	O O	7	)	APPROXIAL BETWEEN OF	ATE INTERVAL
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>	1	OR CONTRIBUTING CAUSE OF DE	~!!!	P.M.	19					
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VITAL	N: The specific code code code code code code code cod	G	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	AY YEAR 216 HOW IN	NJURY OCCURR		RY IN ITEM 18, PART 1 OR PART 2	NO []
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,	5 g 5 g g		23a. E	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR		23d. LOCATION CITY OR TOWN	COUNTY	STATE
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	(VR A 15 (4))	0	12	NAME & Dinne	ev Přin	cess Anne	FE	B 2 3 1981	Tertry/Ka	Creedy -
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	I	tems #5&6 Film	G553 3/30/0.	re STAT	OF MARYLAND	(3) i		£ 13	7 0								
- 1	1.	FOR STATE REGISTRAR	, , , ,		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	D.	0 0	·) 0								
nay be sage 3 death		CEASED NAME FRST	Art	hur	Showell	26. DATE OF DEATH	2- 23	YEAR 8/	1130 A								
ge 4 may b page rer dean	3 SE		RACE Black	S. DATE C	3. 0.00	6 AGE IN YEARS LAST BIRT		THS DAYS	IF UNDER 24 HRS HOURS MIN								
	C	DUNTRY)	76 CITIZEN OF WHAT CO	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH									
the fur withing	10 2	PREWADEATHEL	11. NAME OF HOSPITAL,	IVE STREET ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATH	NC	126 KIND OF	F BUSINESS OR								
n 24 hours	USU:	AL RESIDENCE (IF NURSING HOME OR	ITY I ISC STY	ORTOWN	134 INSIDE CITY LIMITS?	19101Stex	2/ 24	IL SI	1								
d within	14 FA	THER'S NAME FIRST	ræster I sin	OW HIII	15. MOTHER'S MAIDEN NAI	ME MIDDLE	ST INK	4, 07									
icate be executed icate be executed sician and complets. Pages 1 and val. the medical vent, the medical vent, the medical vent.	16a. V	1 1/	MED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT SARAH AMES	ADDRE	ss ILL, MA	RSSAST	REET								
2 >000		IN CAUSE OF DEATH (Enter on PART I) DEATH WAS CAUSE	ly one couse per line for to D BY-		Wast Tal	SINOW III.		APPROXIA SETWEEN O	MATE INTERVAL INSET AND DEATH								
death ce		4292	DUE TO, OR AS A CO	INSEQUENCE OF	A II D												
that the by the ati		Conditions, if ony, which gave rise to immediate couse 101, stating the underlying cause lost	DUE TO, OR AS A CO	INSEQUENCE OF	(C3 V : 12)												
requires n signed be to burial, y injury,	AL CERTIFICATION	z	z	z	z	z	Z	Z	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	it.
V: The law  ite has beer permit. The liene prior 3 shows an		190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	IG CAUSES									
SICIAN Vsician vertifica teansit teal Hyge Item 18			_		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		NTH DAY YEAR	21¢ HOW INJURY OCCUR	RED JENTER NATURE OF HUJUR	Y IN ITEM 18, PART	I OR PART 2)						
DING PHY trending pl After this s the burial th and Mer marked or	MEDICAL	WHILE NOT WHILE AT WORK	21 e PLACE OF INJUR 1AT HOME, STREET, FACTOR	Y	211 LOCATION STREET	CITY OR TOV	7N	COUNTY	STATE								
ATTENDI hospital or atte DIRECTOR: A hed for use as ti Dept. of Health If Item 21 is ma		22a & certify that (I) (this hospi saw the deceosed alive on above, (I) (we) (did) (did na		19	nd that in (my) (aur) apinion	, to, death occurred on the do	19_ te and hour or		that (I) (we) last								
	1	The Signature	O wille a		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAI	F	22c. DATE	SIGNED								
HOSP ined b		ITI PANSHAME ITYPE	R PRINT)		22e ADDRESS			ME									
	23a.	BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 2/28/81	UT WEOL	EMETERY OR CREMATORY	CH SNOW HIL	I WORCE	STER	MARŸTEAND								
BP DHMH-16 25M	24. F	BURIAL UNERAL DIRECTOR	2/20/01	Alisburg		R 2 1981											
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